



BIBDATASHEET

CONFIRMATION NO. 8085

Bib Data Sheet

SERIAL NUMBER 09/030,989	FILING DATE 02/26/1998 RULE	CLASS 340	GROUP ART UNIT 2635	ATTORNEY DOCKET NO. 28724/34520
-----------------------------	---------------------------------------	--------------	------------------------	---------------------------------------

APPLICANTS

RICHARD A. NAZARIAN, GOLDEN VALLEY, MN;

DIRK R. SMITH, ST. PAUL, MN;

JAMES R. WATTS, WOODBURY, MN;TIMOTHY J. KRIEWALL, CASTLE ROCK, CO;

RICHARD A. GRIEWSKI, CANTON TOWNSHIP, MI;

CONTINUING DATA***

This application is a ~~CON~~ of 08/723,504 09/30/1996 PAT 5,813,972

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/13/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 15 0	TOTAL CLAIMS 7 17	INDEPENDENT CLAIMS 3 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials	

ADDRESS

21839

BURNS DOANE SWECKER & MATHIS L L P

POST OFFICE BOX 1404

ALEXANDRIA, VA

22313-1404

TITLE

MEDICAL PERFUSION SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
RECEIVED	No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8085

SERIAL NUMBER 09/030,989	FILING DATE 02/26/1998 RULE	CLASS 340	GROUP ART UNIT 2635	ATTORNEY DOCKET NO. 28724/34520
-----------------------------	---------------------------------------	--------------	------------------------	---------------------------------------

APPLICANTS

RICHARD A. NAZARIAN, GOLDEN VALLEY, MN;

DIRK R. SMITH, ST. PAUL, MN;

JAMES R. WATTS, WOODBURY, MN;TIMOTHY J. KRIEWALL, CASTLE ROCK, CO;

RICHARD A. GRIEWSKI, CANTON TOWNSHIP, MI;

** CONTINUING DATA *****

This application is a DIV of 08/723,504 09/30/1996 PAT 5,813,972

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/13/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 0	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

46909

TERUMO CARDIOVASCULAR SYSTEMS CORPORATION

6200 JACKSON ROAD

ANN ARBOR , MI

48103

TITLE

Adapter pod for use in medical perfusion system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
------------	---	---



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8085

SERIAL NUMBER 09/030,989	FILING DATE 02/26/1998 RULE	CLASS 340	GROUP ART UNIT 2635	ATTORNEY DOCKET NO. 28724/34520
APPLICANTS RICHARD A. NAZARIAN, GOLDEN VALLEY, MN; DIRK R. SMITH, ST. PAUL, MN; JAMES R. WATTS, WOODBURY, MN;TIMOTHY J. KRIEWall, CASTLE ROCK, CO; RICHARD A. GRIEWSKI, CANTON TOWNSHIP, MI;				
** CONTINUING DATA ***** ✓ This application is a DIV of 08/723,504 09/30/1996 PAT 5,813,972				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/13/1998				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY MN	SHEETS DRAWING 15 8	TOTAL CLAIMS 7 17 INDEPENDENT CLAIMS 3 4
ADDRESS 21839 BURNS DOANE SWECKER & MATHIS L L P POST OFFICE BOX 1404 ALEXANDRIA , VA 22313-1404				
TITLE Adapter pod for use in medical perfusion system				
FILING FEE RECEIVED 1094	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	